

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18473

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

114
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BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>6285</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT GROUP TWP</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANSEFIELD Pleasant Valley Sub</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DITE - Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>ROYAL - 2 MILE EAST</u>			
3. NAME OF DECEASED a. (First) <u>SARAH S. BRENTLINGER</u>			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 - 1949</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEP 19 - 1868</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years last birthday) <u>9</u> Months <u>26</u> Days	
11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wilby F. STONE</u>			13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN W. BRENTLINGER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leota Thomas Brentlinger</u> ADDRESS <u>MANSEFIELD</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apparent Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes - Chronic</u> DUE TO (c) <u>About 40 years</u>					INTERVAL BETWEEN ONSET AND DEATH <u>260X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas G. Audlin Coroner, Newwood, Mo.</u> (Degree or title) _____				23b. ADDRESS _____		23c. DATE SIGNED <u>5/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 20 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MANSEFIELD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MANSEFIELD MO</u>	
DATE REC'D BY LOCAL REG. <u>5-19-49</u>		REGISTRAR'S SIGNATURE <u>G.B. Ames.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fla. Steffe</u> ADDRESS <u>Mansefield Mo</u>			

RECEIVED
District Health Officer No. 6,
District File Number 549-620
Date Filed 5-26-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed FA. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.